

OCT 25 2006

FAX TRANSMISSION

DATE: October 25, 2006

PTO IDENTIFIER: Application Number 10/594,097
Patent Number

Inventor: Ulrich Hersel et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

Aaron R. Ettelman

PHONE: (302) 658-9141

Attorney Dkt. #: 13907-00007-US

PAGES (Including Cover Sheet): 9

CONTENTS: Fee Transmittal (1 page)
Transmittal of Combined Declaration and Power of Attorney (1 page)
Combined Declaration and Power of Attorney (5 pages)
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Application No. (if known): 10/594,097

Attorney Docket No.: 13807-00007-US

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Fee Transmittal (1 page)

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FEE TRANSMITTAL For FY 2005		Complete If Known	
		Application Number	10/594,097
		Filing Date	September 25, 2006
		First Named Inventor	Ulrich Hertel
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		TOTAL AMOUNT OF PAYMENT (\$)	
(\$)		130.00	Attorney Docket No. 13907-00007-US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Rcissuc	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
- 20 =	x	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	50	(round up to a whole number) x	=	

4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration			130.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone	Date
Signature		42,516	(302) 658-9141	
Name (Print/Type)	Aaron R. Etteman			October 25, 2006

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NO. 5364 P. 4

Application No.: 10/594,097

OCT 25 2006

Docket No.: 13907-00007-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ulrich Hersel et al.

Application No.: 10/594,097

Confirmation No.: N/A

Filed: September 25, 2006

Art Unit: N/A

For: POLYMERIC PRODRUG WITH A SELF-
IMMOLATIVE LINKER

Examiner: Not Yet Assigned

TRANSMITTAL OF COMBINED DECLARATION AND POWER OF ATTORNEY

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits herewith the executed Combined Declaration and Power of Attorney in the above-captioned application. Applicant has not received a Notification of Missing Requirements.

Please charge our Deposit Account No. 03-2775 in the amount of \$130.00 covering the required fees..

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-2775, under Order No. 13907-00007-US.

Dated: October 25, 2006

Respectfully submitted,

By

Aaron R. Ettelman

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